

RECALL PETITION FOR STATEWIDE OFFICIAL

TO THE HONORABLE _____, GOVERNOR OF LOUISIANA/SECRETARY OF STATE:
(circle one)

In accordance with La. Revised Statutes, Title 18, Section 1300.1, et seq., the undersigned request that an election be called and held in the appropriate voting area for the purpose of recalling

_____, _____,
(name of official) (title of official)

Parish(es) of Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, DeSoto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemine, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn.

We designate _____, _____ as Chairman to act
(full name) (residence address)
for the signers of this petition in all matters, and we designate _____, _____
(full name) (residence address)
as Vice-Chairman to act on order of the Chairman, or in case of the death, disability, absence or resignation of the Chairman.

This recall petition is a public record, and the Chairman or Vice-Chairman shall be the custodian of this public record until it is filed with the registrar of voters.

Handwritten Signature of Voter (including surname) NOTE: A person who is unable to write must affix his mark, and the person circulating the petition shall affix the name of the incapacitated person in the presence of two witnesses who must also date and sign their names as witnesses to his mark.	Date of Birth	Date of Signature	Wd./Dist./Pct. of registration	Residence Address (include municipal #, apartment #, rural route and/or box #, and City or Town)	Name of voter typed or legibly written.	Name of person who witnessed and obtained signature	Date signature was witnessed and obtained
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Handwritten Signature of Voter (including surname) NOTE: A person who is unable to write must affix his mark, and the person circulating the petition shall affix the name of the incapacitated person in the presence of two witnesses who must also date and sign their names as witnesses to his mark.	Date of Birth	Date of Signature	Wd./Dist./Pct. of registration	Residence Address (include municipal #, apartment #, rural route and/or box #, and City or Town)	Name of voter typed or legibly written.	Name of person who witnessed and obtained signature	Date signature was witnessed and obtained
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CERTIFICATE BY REGISTRAR OF VOTERS

I hereby certify that this recall petition contains _____ handwritten signatures for the parish of _____. I hereby certify that this recall petition contains _____ handwritten signatures of qualified electors of the voting area within said parish who provided residence addresses, dated their signatures, and timely signed the petition. I hereby certify that the total number of electors of the voting area within said parish as of the date of the filing of the petition with the Secretary of State was _____.

PARISH	SIGNATURE OF REGISTRAR OF VOTERS	PARISH	SIGNATURE OF REGISTRAR OF VOTERS
1		33	
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3		35	
4		36	
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6		38	
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10		42	
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32		64	